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Office Use Only



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## TRANSMITTAL LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: Brooke	Agency, Inc.			
			oratio	on - must include suffix)	
Dear S	Sir or Madam:				
"Certi		e", and check are submitte		Authorization to Transact register the above reference	
Please	return all correst	pondence concerning this	matte	r to the following:	· · =
Susa	n James				
		(Na	me o	f Person)	图 第 2
Brook	ke Agency, Inc	•			是 2
		(Fi	m/Co	ompany)	SEE TOWN IN
1095	O Grandview,	Suite 600			79
			(Add	ress)	ORIGIN O
Overl	and Park, Kans	sas 66210			
		(City/	State	and Zip code)	
For fu	rther information	concerning this matter, pl	ease (	call:	
Susan	James	at (80	0	) 642-1872 ext. 168	
	(Name of Perso			Code & Daytime Telephon	e Number)
Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	· ns		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	• •
Enclos	ed is a check for	the following amount:		_	
<b>2</b> 7 \$70	.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	5 \$87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1 Brooke Agency, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida 2 Kansas (State or country under the law of which it is incorporated) (FEI number, if applicable) 4, 10/18/1977 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification,") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7 10950 Grandview, Suite 600, Overland Park, Kansas 66210 (Principal office address) 10950 Grandview, Suite 600, Overland Park, Kansas 66210 (Current mailing address) 8 Sales and service of insurance. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Gerald R. Grubba Office Address: 101 Federal Place, Suite 101 **Tarpon Springs** . Florida 34689 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: Leland G. Orr
Address: 210 West State
Phillipsburg, Kansas 67661
Director: Kyle L. Garst
Address: 10950 Grandview, Suite 600
Overland Park, Kansas 66210
B. OFFICERS
President: Leland G. Orr
Address: 210 West State
Phillipsburg, Kansas 67661
Vice President: Kyle L. Garst
Address: 10950 Grandview, Suite 600
Overland Park, Kansas 66210
Secretary: Kyle L. Garst
Address: 10950 Grandview, Suite 600, Overland Park, Kansas 66210
Treasurer: Leland G. Orr
Address: 210 West State, Phillipsburg, Kansas 67661
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
14. Leland G. Orr President/Treasurer
(Typed or printed name and capacity of person signing application)

### STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

# To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

BROOKE AGENCY, INC.

KANSAS FOR PROFIT CORPORATION Business Entity ID Number: 0508333

was filed in this office on October 18, 1977 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 04/14/2004

#### For Validation:

Certificate ID: 15064

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html

Signed:

RON THORNBURGH SECRETARY OF STATE